

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Madhusudhana T. Subraya et al.

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Serial No.: 10/707,369 Group Art Unit: 2882

Filed: December 9, 2003 Examiner: Song, Hoon K.

Title: X-RAY TUBE WINDOW AND SURROUNDING ENCLOSURE
COOLING APPARATUS

Atty. Docket No.: 130123 (GEMS 0234 PA)

I hereby certify that this correspondence is being transmitted via facsimile (703-972-9306) to
Examiner Hoon K. Song with the United States Patent and Trademark Office on

March 24, 2005
Date of Deposit

Jo Anne Crooksey


 Signature
TERMINAL DISCLAIMER

Mail Stop AF
 Commissioner of Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

The GE Medical Systems Global Technology Company, LLC, (hereinafter GE), a Delaware limited liability company, having its principal place of business in Waukesha, Wisconsin, with a mailing address of 3000 North Grandview Boulevard, Waukesha, Wisconsin 53188, represents that it is the owner of the full (100%) and exclusive rights, title, and interest in the above-identified patent application Serial No. 10/707,369, filed December 9, 2003, for a "X-RAY TUBE WINDOW AND SURROUNDING ENCLOSURE COOLING APPARATUS", as evidenced by the records of the United States Patent Office.

03/28/2005 TDWAKINS 03090091 070845 10707369
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U.S.S.N. 10/707,369

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130123 (GEMS 0234 PA)

Please charge the terminal disclaimer fee of \$110.00 to Deposit Account No. 070845 in the name of GE Medical Systems Global Technology. If any further fees are necessary, you are hereby authorized to charge Deposit Account No. 070845 in the name of GE Medical Systems Global Technology.

Respectfully submitted,

ARTZ & ARTZ P.C.

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Dated: March 24, 2005

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10707369

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

SMALL ENTITY

OR

RATE	FEES
	\$ _____
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL	

OTHER THAN
SMALL ENTIT

RATE	F
	\$ _____
X \$ _____	= _____
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	37	Minus	** 140	= _____
Independent (37 CFR 1.16(b))	8	Minus	*** 8	= _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

OR

RATE	ADDI- TIONAL FEE
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL ADD'L FEE	

OTHER THAN
SMALL ENTIT

RATE	AD TIO FEE
X \$ _____	= _____
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus	**	=
Independent (37 CFR 1.16(b))		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL ADD'L FEE	

RATE
AD
TIO
FE

RATE	AD TIO FE
X \$ _____	= _____
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus	**	=
Independent (37 CFR 1.16(b))		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL ADD'L FEE	

RATE
AD
TIO
FE

RATE	AD TIO FE
X \$ _____	= _____
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.